

USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS — PLEASE TYPE OR PRINT — NO CARBON PAPER REQUIRED

THE CLEVELAND MUSEUM OF ART
FIFTY-THIRD ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 3 to JUNE 11, 1972.

Born in Cuyahoga County ☐ Yes ☐ No
Entered Previous May Shows? ☐ Yes ☐ No

☐ Miss ☐ Mrs. ☒ Mr. Artist WILLIAM QUINN
Permanent Address 323 MILLER AVE. KENT
STREET CITY
44240 PORTAGE
ZIP COUNTY Tel. (216) 673-0858
AREA CODE

Temporary Address _____
STREET CITY ZIP
Tel. () Collaborator _____
AREA CODE (IF ANY)

If entries are not accepted or not sold:

- ☒ Artist will pick up entries at Museum.
☐ Museum should ship entries to artist C.O.D. at this address:

This form is in triplicate. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection, the last week in April.

THE RETURNED COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 11, 1972.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Wm Quinn

SIGNATURE

DATES FOR RETURN OF OBJECTS: Monday through Saturday
9:30 a.m. to 4:30 p.m. at Museum Service Entrance (West side of Museum).

REJECTED ENTRIES: May 8 - May 13, 1972
ACCEPTED ENTRIES: June 19 - June 24, 1972

SUBMIT ENTRIES WITH ENTRY BLANK AND FEE MARCH 18 THROUGH MARCH 25, 1972.

FIRST NAME LAST NAME

ENTRY FEE IS \$2.00 PER ARTIST
LIMIT OF 2 ENTRIES PER PERSON
EACH BOX INDICATES A SEPARATE ENTRY

CATEGORY <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
MEDIUM <u>ACRYLIC (& INK)</u>				
TITLE <u>THE DOCTOR'S DILEMMA (after Duchamp)</u>				
PRICE OR NFS <u>\$500.00</u>	Insurance Value <u>\$500</u>	SIZE: <u>60 x 70</u>		
GRAPHICS AND PHOTOGRAPHY ONLY				
NUMBER FOR SALE	NUMBER IN EDITION	PRICE UN-FRAMED	PRICE OF FRAME	NO. OF FRAMES FOR SALE
DO NOT WRITE IN THIS SECTION				
339 (1)		ACCEPTED <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	

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		ACCEPTED <input type="checkbox"/>	REJECTED <input type="checkbox"/>	

DATE RECEIVED	BY
<u>3-24-72</u>	<u>WQ</u>